2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000046209

1. Entity Name
SILVER STAR FAMILY MEDICINE, GEORGINA CHAN PERDOMO, M.D., P.A.

FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1202 E SILVER STAR RD. OCOEE, FL 34761 US	PO BOX 1590 WINDERMERE, FL 34786 US

04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3205530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, GEORGINA C
8448 LITTLELEAF CT.
ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERDONO, GEORGINA
STREET ADDRESS	1202 E SILVER STAR RD
CITY-ST-ZIP	OCOEE, FL
TITLE	V
NAME	PERDONO, ALEX C.
STREET ADDRESS	1202 E. SILVER STAR RD
CITY-ST-ZIP	OCOEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000118842
04/19/04-80076-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MD 4/16/04 407-656-781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #